



HOME Tenant Based Rental Assistance

VERIFICATION OF STUDENT STATUS

RE: _____ Social Security Number: _____

Applicant's Name (print)

Dear Educational Institution:

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the full-time student status of persons over the age of eighteen. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

Participant's Signature

Date

The participant referenced above is a student at this institution and is enrolled:

Full Time _____ Part Time _____ Not Enrolled _____

Expected date of completion: _____

Approximate number of hours acquired in school: _____

Address of student: _____

I certify that this information is accurate.

Signature _____ Name (print) _____

Institution _____ Date _____

Telephone _____

Address _____ City _____ State _____ Zip _____

Please return form to:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.